

A 64040 WI 01 21 2011 01 11-0000056 000 <small>WILD * State * Incident Date * Station Incident Number * Exposure *</small>		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS -1 Basic	
B Location* <input type="checkbox"/> Place this box to capture the true address for this incident, as provided on the Wildland Fire Census Tract <input checked="" type="checkbox"/> Street address 250 S Edwards BLVD S <small>Number/Milepost Prefix Street or Highway Street Type Suffix</small> Lake Geneva WI 53147 <small>Apt./Suite/Room City State Zip Code</small> <small>Cross street or direction, as applicable</small>			
C Incident Type * 111 Building fire <small>Incident Type</small>		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm Alarm * 01 21 2011 07:48:00 <small>Month Day Year Hr Min Sec</small> Arrival * 01 21 2011 07:55:00 <small>ARRIVAL required, unless canceled or did not arrive</small> <input type="checkbox"/> Controlled <small>CONTROLLED Optional. Except for wildland fires</small> Last Unit 01 21 2011 09:37:00 Cleared <small>LAST UNIT CLEARED, required except for wildland fires</small>	
D Aid Given or Received* 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None <small>Their ID# Their State Their Incident Number</small>		E2 Shift & Alarms Local Option G 001 <small>Shift or Alarm District</small> E3 Special Studies Local Option Special Study 104 Special Study Value	
F Actions Taken * 11 Extinguishment by fire <small>Primary Action Taken (1)</small> Additional Action Taken (2) Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used Apparatus 0006 Personnel 0014 Suppression EMS Other <input type="checkbox"/> Check box if resource should include aid received resources	
G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires Property \$ 000,000 Contents \$ 000,000 PRE-INCIDENT VALUE: optional Property \$ 000,000 Contents \$ 000,000			
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties None Deaths Injuries Fire Service Civilian H2 Detector Required for Confined Fires. <input type="checkbox"/> Detector alerted occupants <input type="checkbox"/> Detector did not alert them <input type="checkbox"/> Unknown	
H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office appl. cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 5 gal., Please complete the HazMat form		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input checked="" type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway	
539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use 429 Multifamily dwelling			

NFIRS-1 Revision 03/11/99

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

262

812

9139

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

MS

Lisa

Mr., Ms., Mx. First Name

MI

Aaron

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

Lake Geneva

City

WI

53147

State

Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-18) as necessary

K2 Owner

☐ Same as person involved? Then check this box and skip the rest of this section

Local Option

Business Name (if Applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mx. First Name

MI

Last Name

Suffix

Number

Prefix

Street or Highway

Street Type

Suffix

Post Office Box

Apt./Suite/Room

City

State

Zip Code

L Remarks

Local Option

Called to the above address for smoke in unit 116. Upon arrival of E-1 crew went to unit 116 on second floor and found moderate smoke conditions in that unit. LGPD on-scene and evacuated all other units in the structure. C-1 arrived on-scene and assumed command. Reported nothing showing on all sides or roof. C-1 approached unit 115 the unit below the apartment that the smoke was found in and noticed smoke odor from that unit. E-1 crew advised to force unit 115 door. Maintenance showed up at that time and opened unit 115 where E-1 crew encountered heavy black smoke and moderate heat conditions. Crew entered with P-can and found fire in dryer of combination washer/ dryer unit. Truck-1 on-scene and ordered to assist E-1 to pull an attack line to unit 115 door and complete primary and secondary survey. Fire in dryer extinguished with P-can. Fire had extended out of utility closet into hallway and living room area. Ceilings pulled in hallway and living room as well as utility closet to extinguish smoldering structural members. Primary and secondary search all clear. Runners and tarps put in fire unit for salvage of property. All units in apartment building checked for CO and all units required ventilation prior to allowing tenants to return.

Fire extinguished at 0829 hours.

Overhaul completed by 0850.

Investigation started 0850 and completed by 1030 hours.

Brent Connelly Fire Chief 1/21/11 1113 hours.

L Authorization

08

Officer in Charge ID

Connelly, Brent T

Signature

FC

Position or Rank

Assignment

01

21

2011

Month

Day

Year

Check Box if Same as Officer in Charge.

08

Member making report ID

Connelly, Brent T

Signature

FC

Position or Rank

Assignment

01

21

2011

Month

Day

Year

64040 FDID *	WI State *	MM 1	DD 21	YYYY 2011	01 Station	11-0000056 Incident Number *	000 Exposure *	Complete Narrative
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Narrative:

Called to the above address for smoke in unit 116. Upon arrival of E-1 crew went to unit 116 on second floor and found moderate smoke conditions in that unit. LGPD on-scene and evacuated all other units in the structure. C-1 arrived on-scene and assumed command. Reported nothing showing on all sides or roof. C-1 approached unit 115 the unit below the apartment that the smoke was found in and noticed smoke odor from that unit. E-1 crew advised to force unit 115 door. Maintenance showed up at that time and opened unit 115 where E-1 crew encountered heavy black smoke and moderate heat conditions. Crew entered with P-can and found fire in dryer of combination washer/ dryer unit. Truck-1 on-scene and ordered to assist E-1 to pull an attack line to unit 115 door and complete primary and secondary survey. Fire in dryer extinguished with P-can. Fire had extended out of utility closet into hallway and living room area. Ceilings pulled in hallway and living room as well as utility closet to extinguish smoldering structural members. Primary and secondary search all clear. Runners and tarps put in fire unit for salvage of property. All units in apartment building checked for CO and all units required ventilation prior to allowing tenants to return.

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A <div style="display: flex; justify-content: space-between;"> <div> 64040 <small>FDID *</small> </div> <div> WI <small>State *</small> </div> <div> 01 <small>MM</small> </div> <div> 21 <small>DD</small> </div> <div> 2011 <small>YYYY</small> </div> <div> 01 <small>Station</small> </div> <div> 11-0000056 <small>Incident Number *</small> </div> <div> 000 <small>Exposure *</small> </div> <div> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity </div> </div> <div style="text-align: right;"> NFIRS - 2 Fire </div>			
B Property Details B1 0008 <input type="checkbox"/> Not Residential <small>Estimated Number of residential living units in building of origin whether or not all units became involved</small> B2 001 <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="checkbox"/> None <small>Alien burned (outside fires)</small> <input type="checkbox"/> Less than one acre	C On-Site Materials <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy or agricultural products or materials on the property, whether or not they became involved</small> Enter up to three codes. Check one or more boxes for each code entered. <div style="display: flex;"> <div style="flex: 1;"> On site material (1) <input type="checkbox"/> On site material (2) <input type="checkbox"/> On site material (3) <input type="checkbox"/> </div> <div style="flex: 1;"> <div> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> <div> 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service </div> </div> </div>		
D Ignition D1 60 Equipment or service <small>Area of fire origin *</small> D2 UU Undetermined <small>Heat source *</small> D3 UU Undetermined <small>Item first ignited *</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin D4 UU Undetermined <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70</small>	E1 Cause of Ignition <input type="checkbox"/> Check box if this is an exposure report. Skip to section G <div> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation 6 <input checked="" type="checkbox"/> Cause undetermined after investigation </div> E2 Factors Contributing To Ignition <div> UU Undetermined <input checked="" type="checkbox"/> None <small>Factor Contributing To Ignition (1)</small> <input type="checkbox"/> <input type="checkbox"/> <small>Factor Contributing To Ignition (2)</small> </div>	E3 Human Factors Contributing To Ignition Check all applicable boxes <div> 1 <input type="checkbox"/> Asleep <input checked="" type="checkbox"/> None 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mental disabled 5 <input type="checkbox"/> Physically Disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female </div>	
F1 Equipment Involved In Ignition <input type="checkbox"/> None If Equipment was not involved, Skip to Section G <div> <input type="text"/> <small>Equipment Involved</small> <small>Brand</small> <input type="text"/> <small>Model</small> <input type="text"/> <small>Serial #</small> <input type="text"/> <small>Year</small> <input type="text"/> </div>	F2 Equipment Power <input type="text"/> <small>Equipment Power Source</small> F3 Equipment Portability <div> 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary </div> <small>Portable equipment normally can be moved by one person, is designed to be use in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors Enter up to three codes. <input type="checkbox"/> None <div> <input type="text"/> <small>Fire suppression factor (1)</small> <input type="text"/> <small>Fire suppression factor (2)</small> <input type="text"/> <small>Fire suppression factor (3)</small> </div>	
H1 Mobile Property Involved <input type="checkbox"/> None <div> 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned </div>	H2 Mobile Property Type & Make <div> <input type="text"/> <small>Mobile property type</small> <input type="text"/> <small>Mobile property make</small> <input type="text"/> <small>Mobile property model</small> <input type="text"/> <small>Year</small> <input type="text"/> <small>License Plate Number</small> <input type="text"/> <input type="text"/> <input type="text"/> <small>State</small> <small>VIN Number</small> </div>		Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other Agencies</small> <div> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached </div>

NFIRS-2 Revision 01/19/99

I1 Structure Type * If fire was in enclosed building or a portable/mobile structure complete the rest of this form 1 <input checked="" type="checkbox"/> Enclosed Building 2 <input type="checkbox"/> Portable/mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., pier) <input type="checkbox"/> pier 7 <input type="checkbox"/> Underground structure (work area) 8 <input type="checkbox"/> Connective structure (e.g., tented) 0 <input type="checkbox"/> Other type of structure	I2 Building Status * 1 <input type="checkbox"/> Under construction 2 <input checked="" type="checkbox"/> Occupied & operating 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	I3 Building * Height Count the ROOF as part of the highest story 002 Total number of stories at or above grade Total number of stories below grade	I4 Main Floor Size* NFIRS-3 Structure Fire , 004 , 800 Total square feet OR , 080 BY , 060 Length in feet Width in feet
J1 Fire Origin * 001 <input type="checkbox"/> Below Grade Story of fire origin	J3 Number of Stories Damaged By Flame Count the ROOF as part of the highest story 001 Number of stories w/ minor damage (1 to 24% flame damage) Number of stories w/ significant damage (25 to 49% flame damage) Number of stories w/ heavy damage (50 to 74% flame damage) Number of stories w/ extreme damage (75 to 100% flame damage)		K Material Contributing Most To Flame Spread <input type="checkbox"/> Check if no flame spread OR same as material first ignited OR unable to determine Skip To Section L K1 Item contributing most to flame spread K2 Type of material contributing most of flame spread <small>Required only if item contributing code is 00 or 20</small>
J2 Fire Spread * 1 <input type="checkbox"/> Confined to object of origin 2 <input checked="" type="checkbox"/> Confined to room of origin 3 <input type="checkbox"/> Confined to floor of origin 4 <input type="checkbox"/> Confined to building of origin 5 <input type="checkbox"/> Beyond building of origin	L1 Presence of Detectors * (In area of the fire) N <input type="checkbox"/> None Present Skip to section M 1 <input checked="" type="checkbox"/> Present U <input type="checkbox"/> Undetermined		L5 Detector Effectiveness Required if detector operated 1 <input type="checkbox"/> Alerted Occupants, occupants responded 2 <input type="checkbox"/> Occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input checked="" type="checkbox"/> Undetermined
L2 Detector Type 1 <input checked="" type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke - heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than 1 type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	L3 Detector Power Supply 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug in 4 <input checked="" type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined L4 Detector Operation 1 <input type="checkbox"/> Fire too small to activate 2 <input checked="" type="checkbox"/> Operated (Complete Section L5) 3 <input type="checkbox"/> Failed to Operate (Complete Section L6) U <input type="checkbox"/> Undetermined		L6 Detector Failure Reason Required if detector failed to operate 1 <input type="checkbox"/> Power failure, shutoff or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined
M1 Presence of Automatic Extinguishment System * N <input checked="" type="checkbox"/> None Present Complete rest of Section M 1 <input type="checkbox"/> Present	M3 Automatic Extinguishment System Operation Required if fire was within designed range 1 <input type="checkbox"/> Operated & effective (Go to M4) 2 <input type="checkbox"/> Operated & not effective (M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (Go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined M4 Number of Sprinkler Heads Operating Required if system operated Number of sprinkler heads operating	M5 Automatic Extinguishment System Failure Reason Required if system failed 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual Intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined NFIRS-3 Revision 01/19/99	
M2 Type of Automatic Extinguishment System * Required if fire was within designed range of ABE 1 <input type="checkbox"/> Wet pipe sprinkler 2 <input type="checkbox"/> Dry pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen type system 7 <input type="checkbox"/> Carbon dioxide (CO ₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined			

A		MM DD YYYY		01		11-0000056		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 9 Apparatus or Resources	
64040		WI		1 21		2011		01		11-0000056		000	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *			
B Apparatus or * Resource		Date and Times <small>Check if none as alarm date</small>				Sent <input checked="" type="checkbox"/>		Number of * People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken	
		Month Day Year Hour Min											
1 ID 2801 Type 92		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
2 ID 2802 Type 92		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		1		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
3 ID 2820 Type 11		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		3		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
4 ID 2850 Type 12		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		4		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
5 ID 2861 Type 71		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		3		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
6 ID 2890 Type 75		Dispatch <input checked="" type="checkbox"/> 1 21 2011 07:48 Arrival <input checked="" type="checkbox"/> 1 21 2011 07:55 Clear <input checked="" type="checkbox"/> 1 21 2011 09:37				<input checked="" type="checkbox"/>		2		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
7 ID Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
8 ID Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			
9 ID Type		Dispatch <input type="checkbox"/> Arrival <input type="checkbox"/> Clear <input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other			

Type of Apparatus or Resources**Ground Fire Suppression**

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource

NN None

UU Undetermined

NFIRS-9 Revision 11/17/98